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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*

This appln claims benefit of 60/442,503 01/27/2003

*MS*

## \*\* FOREIGN APPLICATIONS \*\*\*\*

*DRK*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

## \*\* SMALL ENTITY \*\*

\*\* 11/12/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance Examiner's Signature <i>M. Kotchek</i> Initials <i>DRK</i>				

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## TITLE

Life Insurance Continuation Plan

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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